Town of Monterey
P.O. Box 308 435 Main Rd
Monterey, MA 01245
P: 413.528.1443 F: 413.528.9452
www.monterey-ma.org

Public Records Request Form

Date of Request:	<u> </u>	
Name:		
Mailing Address:		
City, State & Zip:		
Telephone Number:		
Signature:		
I, the above signed, am requesting the	information listed below, re	egarding the following address*:
	Map #*:	_ Lot #*:
Please explain/list (in detail) what docu	uments you are requesting o	copies of:
associated with this request. Research Public Records Request estimate maile	and copying will only be ded to you.	ou regarding the research and copy fees lone after payment is received based on the
Date Request Received:	Request Rece	ived by:
Payment Received on:	Date Complete	ed:
Notes:		